

Fill in this information to identify your case:

United States Bankruptcy Court for the:

Southern District of New York

Case number (If known): _____ Chapter you are filing under:

Chapter 7
 Chapter 11
 Chapter 12
 Chapter 13

Check if this is an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

04/19

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name

Smooth Medical, P.C.

2. All other names debtor used in the last 8 years

Include any assumed names, trade names, and *doing business as* names

3. Debtor's federal Employer Identification Number (EIN)

20-5785392

4. Debtor's address

Principal place of business

133 East 58th Street

Number Street

Suite 714

New York

NY

10022

City

State

ZIP Code

Mailing address, if different from principal place of business

Number Street

P.O. Box

City

State

ZIP Code

Location of principal assets, if different from principal place of business

Number Street

City

State

ZIP Code

5. Debtor's website (URL)

6. Type of debtor

Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

Partnership (excluding LLP)

Other. Specify: _____

7. Describe debtor's business

A. Check one:

Health Care Business (as defined in 11 U.S.C. § 101(27A))
 Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
 Railroad (as defined in 11 U.S.C. § 101(44))
 Stockbroker (as defined in 11 U.S.C. § 101(53A))
 Commodity Broker (as defined in 11 U.S.C. § 101(6))
 Clearing Bank (as defined in 11 U.S.C. § 781(3))
 None of the above

B. Check all that apply:

Tax-exempt entity (as described in 26 U.S.C. § 501)
 Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)
 Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

*C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.
See <http://www.naics.com/search/>.*

6211

8. Under which chapter of the Bankruptcy Code is the debtor filing?

Check one:

Chapter 7
 Chapter 9
 Chapter 11. *Check all that apply:*

Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,725,625 (amount subject to adjustment on 4/01/22 and every 3 years after that).
 The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
 A plan is being filed with this petition.
 Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
 The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
 The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.
 Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

No

Yes. District _____ When _____ Case number _____
MM / DD / YYYY

If more than 2 cases, attach a separate list.

District _____ When _____ Case number _____
MM / DD / YYYY

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

No

Yes. Debtor Jack M. Berdy Relationship President and Controlli

District District of New Jersey When 1/14/2020
MM / DD / YYYY

Case number, if known _____

11. Why is the case filed in this district?

Check all that apply:

Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.

A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

No

Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.
What is the hazard? _____

It needs to be physically secured or protected from the weather.

It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

Other _____

Where is the property? _____

Number _____ Street _____

City _____ State _____ ZIP Code _____

Is the property insured?

No

Yes. Insurance agency _____

Contact name _____

Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds

Check one:

Funds will be available for distribution to unsecured creditors.

After any administrative expenses are paid, no funds will be available for distribution to unsecured creditors.

14. Estimated number of creditors

1-49
 50-99
 100-199
 200-999

1,000-5,000
 5,001-10,000
 10,001-25,000

25,001-50,000
 50,001-100,000
 More than 100,000

15. Estimated assets

\$0-\$50,000
 \$50,001-\$100,000
 \$100,001-\$500,000
 \$500,001-\$1 million

\$1,000,001-\$10 million
 \$10,000,001-\$50 million
 \$50,000,001-\$100 million
 \$100,000,001-\$500 million

\$500,000,001-\$1 billion
 \$1,000,000,001-\$10 billion
 \$10,000,000,001-\$50 billion
 More than \$50 billion

| | | | |
|----------------------------------|---|--|--|
| Debtor | Smooth Medical, P.C. | | Case number (if known) |
| | Name | | |
| 16. Estimated liabilities | <input type="checkbox"/> \$0-\$50,000 <input type="checkbox"/> \$50,001-\$100,000 <input type="checkbox"/> \$100,001-\$500,000 <input checked="" type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$1,000,001-\$10 million <input type="checkbox"/> \$10,000,001-\$50 million <input type="checkbox"/> \$50,000,001-\$100 million <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> \$500,000,001-\$1 billion <input type="checkbox"/> \$1,000,000,001-\$10 billion <input type="checkbox"/> \$10,000,000,001-\$50 billion <input type="checkbox"/> More than \$50 billion |

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

17. Declaration and signature of authorized representative of debtor The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 01/14/2020
MM / DD / YYYY

/s/ Jack M. Berdy, M.D.

Signature of authorized representative of debtor

Jack M. Berdy, M.D.

Printed name

Title President

18. Signature of attorney

/s/ Moshie Solomon

Signature of attorney for debtor

Date 01/14/2020

MM / DD / YYYY

Moshie Solomon

Printed name

Law Offices of Moshie Solomon, P.C.

Firm name

5 Penn Plaza 23rd Floor

Number Street

New York

City

NY

10001

State ZIP Code

(212) 594-7070

Contact phone

msolomon@moshiesolomonlaw.com

Email address

4056081

Bar number

NY

State

CORPORATE RESOLUTION AUTHORIZING BANKRUPTCY RELIEF

SPECIAL MEETING OF BOARD OF DIRECTORS OF SMOOTH MEDICAL, P.C.

The undersigned, being the President of Smooth Medical, P.C. (the "Corporation"), certifies that the following resolutions were unanimously adopted at a special meeting of the Board of Directors of the Corporation on January 14, 2020.

Upon motion duly made and unanimously carried, it was,

RESOLVED that in the judgment of the Board of Directors it is desirable and in the best interests of this Corporation, its creditors, and other interested parties that a case be commenced under Chapter 7 of the Bankruptcy Code in the United States Bankruptcy Court on behalf of the Corporation, as promptly as possible; and it is

FURTHER RESOLVED that Law Offices of Moshie Solomon, P.C. be authorized and directed to perform all acts and do all things necessary and incident to commencing and prosecuting such a case to a successful completion; and it is

FURTHER RESOLVED that the officers of this Corporation are authorized to retain and employ as General Counsel for the successful completion of such case the law firm of Law Offices of Moshie Solomon, P.C., located at 5 Penn Plaza, 23rd Floor, New York, New York 10001.

There being no further business to come before the meeting, it was adjourned.

Dated: January 14, 2020

/s/ Jack M. Berdy

Jack M. Berdy, M.D.
President

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK

-----X
In re:

SMOOTH MEDICAL, P.C.,

Chapter 7
Case No. _____()

Debtor.

-----X
CORPORATE OWNERSHIP STATEMENT

Pursuant to Federal Rule of Bankruptcy Procedure 1007(a)(1), the following are corporations, other than a governmental unit, that directly or indirectly own 10% or more of any class of Smooth Medical, P.C.'s equity interests:

NONE

Fill in this information to identify the case:

Debtor name Smooth Medical, P.C.
United States Bankruptcy Court for the: Southern District of New York
(State)
Case number (If known): _____

Check if this is an amended filing

Official Form 206Sum

Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets—Real and Personal Property** (Official Form 206A/B)

1a. **Real property:**

Copy line 88 from *Schedule A/B*

\$ 0.00

1b. **Total personal property:**

Copy line 91A from *Schedule A/B*

\$ 20,874.37

1c. **Total of all property:**

Copy line 92 from *Schedule A/B*

\$ 20,874.37

Part 2: Summary of Liabilities

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*

\$ 94,103.86

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

3a. **Total claim amounts of priority unsecured claims:**

Copy the total claims from Part 1 from line 6a of *Schedule E/F*

\$ 26,811.35

3b. **Total amount of claims of nonpriority amount of unsecured claims:**

Copy the total of the amount of claims from Part 2 from line 6b of *Schedule E/F*

+\$ 556,611.46

4. **Total liabilities**

Lines 2 + 3a + 3b

\$ 677,526.67

Fill in this information to identify the case:

Debtor name Smooth Medical, P.C.

United States Bankruptcy Court for the: Southern District of New York

Case number (If known): _____

Check if this is an amended filing

Official Form 206A/B

Schedule A/B: Assets — Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

No. Go to Part 2.
 Yes. Fill in the information below.

| All cash or cash equivalents owned or controlled by the debtor | Current value of debtor's interest | | |
|--|------------------------------------|-------------------------------------|-----------------|
| 2. Cash on hand | \$ <u>0.00</u> | | |
| 3. Checking, savings, money market, or financial brokerage accounts (Identify all) | | | |
| Name of institution (bank or brokerage firm) | Type of account | Last 4 digits of account number | |
| 3.1. <u>Bank of America</u> | Checking | <u>1</u> <u>8</u> <u>2</u> <u>2</u> | \$ <u>24.37</u> |
| 3.2. <u>Chase Bank N.A.</u> | Checking | <u>6</u> <u>6</u> <u>0</u> <u>6</u> | \$ <u>0.00</u> |
| 4. Other cash equivalents (Identify all) | | | |
| 4.1. _____ | \$ _____ | | |
| 4.2. _____ | \$ _____ | | |
| 5. Total of Part 1 | \$ <u>24.37</u> | | |

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

Part 2: Deposits and prepayments

6. Does the debtor have any deposits or prepayments?

No. Go to Part 3.
 Yes. Fill in the information below.

7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit

| Description, including name of holder of deposit | Current value of debtor's interest |
|--|------------------------------------|
| 7.1. _____ | \$ _____ |
| 7.2. _____ | \$ _____ |

8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent

Description, including name of holder of prepayment

8.1. _____ \$ _____
8.2. _____ \$ _____**9. Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

\$ _____

Part 3: Accounts receivable**10. Does the debtor have any accounts receivable?** No. Go to Part 4. Yes. Fill in the information below.**Current value of debtor's interest****11. Accounts receivable**11a. 90 days old or less: _____ - face amount _____ = → \$ _____
doubtful or uncollectible accounts11b. Over 90 days old: _____ - face amount _____ = → \$ _____
doubtful or uncollectible accounts**12. Total of Part 3**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$ _____

Part 4: Investments**13. Does the debtor own any investments?** No. Go to Part 5. Yes. Fill in the information below.**Valuation method used for current value****Current value of debtor's interest****14. Mutual funds or publicly traded stocks not included in Part 1**

Name of fund or stock:

14.1. _____ \$ _____
14.2. _____ \$ _____**15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture**

Name of entity:

% of ownership:

15.1. _____ % _____ \$ _____
15.2. _____ % _____ \$ _____**16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1**

Describe:

16.1. _____ \$ _____
16.2. _____ \$ _____**17. Total of Part 4**

Add lines 14 through 16. Copy the total to line 83.

\$ _____

Part 5: Inventory, excluding agriculture assets**18. Does the debtor own any inventory (excluding agriculture assets)?**

No. Go to Part 6.
 Yes. Fill in the information below.

| General description | Date of the last physical inventory | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest |
|---------------------|-------------------------------------|--|---|------------------------------------|
|---------------------|-------------------------------------|--|---|------------------------------------|

19. Raw materials

_____ MM / DD / YYYY \$ _____ \$ _____

20. Work in progress

_____ MM / DD / YYYY \$ _____ \$ _____

21. Finished goods, including goods held for resale

_____ MM / DD / YYYY \$ _____ \$ _____

22. Other inventory or supplies

_____ MM / DD / YYYY \$ _____ \$ _____

23. Total of Part 5

Add lines 19 through 22. Copy the total to line 84.

\$ _____

24. Is any of the property listed in Part 5 perishable?

No
 Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

No
 Yes. Book value _____ Valuation method _____ Current value _____

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

No
 Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

No. Go to Part 7.
 Yes. Fill in the information below.

| General description | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest |
|---------------------|--|---|------------------------------------|
|---------------------|--|---|------------------------------------|

28. Crops—either planted or harvested

_____ \$ _____ \$ _____

29. Farm animals Examples: Livestock, poultry, farm-raised fish

_____ \$ _____ \$ _____

30. Farm machinery and equipment (Other than titled motor vehicles)

_____ \$ _____ \$ _____

31. Farm and fishing supplies, chemicals, and feed

_____ \$ _____ \$ _____

32. Other farming and fishing-related property not already listed in Part 6

_____ \$ _____ \$ _____

33. Total of Part 6.

Add lines 28 through 32. Copy the total to line 85.

\$ _____

34. Is the debtor a member of an agricultural cooperative?

No

Yes. Is any of the debtor's property stored at the cooperative?

No

Yes

35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?

No

Yes. Book value \$ _____ Valuation method _____ Current value \$ _____

36. Is a depreciation schedule available for any of the property listed in Part 6?

No

Yes

37. Has any of the property listed in Part 6 been appraised by a professional within the last year?

No

Yes

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

No. Go to Part 8.

Yes. Fill in the information below.

| General description | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest |
|---|--|---|------------------------------------|
| 39. Office furniture See Schedule A/B Part 7, Question 39 Attachment | \$ _____ | _____ | \$ 1,350.00 |
| 40. Office fixtures | \$ _____ | _____ | \$ _____ |
| 41. Office equipment, including all computer equipment and communication systems equipment and software | \$ _____ | _____ | \$ _____ |
| 42. Collectibles Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles | \$ _____ | _____ | \$ _____ |
| 42.1 _____ | \$ _____ | _____ | \$ _____ |
| 42.2 _____ | \$ _____ | _____ | \$ _____ |
| 42.3 _____ | \$ _____ | _____ | \$ _____ |
| 43. Total of Part 7. Add lines 39 through 42. Copy the total to line 86. | \$ 1,350.00 | | |

44. Is a depreciation schedule available for any of the property listed in Part 7?

No

Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

No

Yes

Part 8: Machinery, equipment, and vehicles**46. Does the debtor own or lease any machinery, equipment, or vehicles?** No. Go to Part 9. Yes. Fill in the information below.

| General description | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest |
|---|--|---|------------------------------------|
| Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number) | | | |

47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles

| | | | |
|------------|----------|-------|----------|
| 47.1 _____ | \$ _____ | _____ | \$ _____ |
| 47.2 _____ | \$ _____ | _____ | \$ _____ |
| 47.3 _____ | \$ _____ | _____ | \$ _____ |
| 47.4 _____ | \$ _____ | _____ | \$ _____ |

48. Watercraft, trailers, motors, and related accessories Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels

| | | | |
|------------|----------|-------|----------|
| 48.1 _____ | \$ _____ | _____ | \$ _____ |
| 48.2 _____ | \$ _____ | _____ | \$ _____ |

49. Aircraft and accessories

| | | | |
|------------|----------|-------|----------|
| 49.1 _____ | \$ _____ | _____ | \$ _____ |
| 49.2 _____ | \$ _____ | _____ | \$ _____ |

**50. Other machinery, fixtures, and equipment
(excluding farm machinery and equipment)**
See Schedule A/B Part 8, Question 50 Attachment

| | | |
|----------|-------|--------------|
| \$ _____ | _____ | \$ 19,500.00 |
|----------|-------|--------------|

51. Total of Part 8.

Add lines 47 through 50. Copy the total to line 87.

| |
|--------------|
| \$ 19,500.00 |
|--------------|

52. Is a depreciation schedule available for any of the property listed in Part 8?

No
 Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

No
 Yes

Part 9: Real property**54. Does the debtor own or lease any real property?** No. Go to Part 10. Yes. Fill in the information below.**55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest**

| Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available. | Nature and extent of debtor's interest in property | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest |
|--|--|---|---|------------------------------------|
| 55.1 Lease of Office located at 133 E. 58th Street, Suite 714, New York, NY 10022 | Lease | \$ _____ | Unknown | \$ _____ |
| 55.2 | | \$ _____ | _____ | \$ _____ |
| 55.3 | | \$ _____ | _____ | \$ _____ |

56. Total of Part 9.

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

\$ 0.00

\$ _____

57. Is a depreciation schedule available for any of the property listed in Part 9? No Yes**58. Has any of the property listed in Part 9 been appraised by a professional within the last year?** No Yes**Part 10: Intangibles and intellectual property****59. Does the debtor have any interests in intangibles or intellectual property?** No. Go to Part 11. Yes. Fill in the information below.

| General description | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest |
|--|---|---|------------------------------------|
| 60. Patents, copyrights, trademarks, and trade secrets | \$ _____ | _____ | \$ _____ |
| 61. Internet domain names and websites | \$ _____ | _____ | \$ _____ |
| 62. Licenses, franchises, and royalties | \$ _____ | _____ | \$ _____ |
| 63. Customer lists, mailing lists, or other compilations | \$ _____ | _____ | \$ _____ |
| 64. Other intangibles, or intellectual property | \$ _____ | _____ | \$ _____ |
| 65. Goodwill | \$ _____ | _____ | \$ _____ |
| 66. Total of Part 10. | Add lines 60 through 65. Copy the total to line 89. | | |

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

 No
 Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

 No
 Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

 No
 Yes**Part 11: All other assets**

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

 No. Go to Part 12.
 Yes. Fill in the information below.**Current value of
debtor's interest**

71. Notes receivable

Description (include name of obligor)

Total face amount — **= →**

doubtful or uncollectible amount

\$ _____

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

Tax year _____ \$ _____
Tax year _____ \$ _____
Tax year _____ \$ _____

73. Interests in insurance policies or annuities

\$ _____

74. Causes of action against third parties (whether or not a lawsuit has been filed)

\$ _____Nature of claim _____
Amount requested \$ _____

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

\$ _____Nature of claim _____
Amount requested \$ _____

76. Trusts, equitable or future interests in property

\$ _____

77. Other property of any kind not already listed Examples: Season tickets, country club membership

\$ _____
\$ _____

78. Total of Part 11.

Add lines 71 through 77. Copy the total to line 90.

\$ _____

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

 No
 Yes

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form.

| Type of property | Current value of personal property | Current value of real property |
|---|------------------------------------|--------------------------------|
| 80. Cash, cash equivalents, and financial assets. Copy line 5, Part 1. | \$ 24.37 | |
| 81. Deposits and prepayments. Copy line 9, Part 2. | \$ 0.00 | |
| 82. Accounts receivable. Copy line 12, Part 3. | \$ 0.00 | |
| 83. Investments. Copy line 17, Part 4. | \$ 0.00 | |
| 84. Inventory. Copy line 23, Part 5. | \$ 0.00 | |
| 85. Farming and fishing-related assets. Copy line 33, Part 6. | \$ 0.00 | |
| 86. Office furniture, fixtures, and equipment; and collectibles. Copy line 43, Part 7. | \$ 1,350.00 | |
| 87. Machinery, equipment, and vehicles. Copy line 51, Part 8. | \$ 19,500.00 | |
| 88. Real property. Copy line 56, Part 9. | \$ 0.00 | → \$ 0.00 |
| 89. Intangibles and intellectual property. Copy line 66, Part 10. | \$ 0.00 | |
| 90. All other assets. Copy line 78, Part 11. | \$ 0.00 | |
| 91. Total. Add lines 80 through 90 for each column. 91a. | \$ 20,874.37 | 91b. \$ 0.00 |
| 92. Total of all property on Schedule A/B. Lines 91a + 91b = 92. | 20,874.37 | \$ 20,874.37 |

| Item | Units | Approx. Value | Total |
|---|-------|---------------|-------|
| under desk misc draws | 1 | 20 | 20 |
| forms file | 1 | 20 | 20 |
| two 2 drawer file cabinets | 1 | 30 | 30 |
| standalone 6 drawer file | 1 | 10 | 10 |
| touchscreen all in one upright computer | 1 | 150 | 150 |
| two reception area chairs | 1 | 50 | 50 |
| all 5 in one printer fax scan | 1 | 75 | 75 |
| two lamps | 1 | 50 | 50 |
| round wall mirror | 1 | 40 | 40 |
| square wall mirror | 1 | 40 | 40 |
| rectangular wall mirror | 1 | 40 | 40 |
| glass round table | 1 | 20 | 20 |
| two white chairs | 1 | 100 | 100 |
| two clear chairs | 1 | 50 | 50 |
| mirror wall display | 1 | 20 | 20 |
| wall painting | 1 | 20 | 20 |
| supply storage 5 drawer unit | 1 | 50 | 50 |
| towel warmer | 1 | 40 | 40 |
| procedure 7 trays | 7 | 50 each | 350 |
| cool sculpting | 1 | 7500 | 7500 |
| procedure 5 chairs | 5 | 100 each | 500 |
| three piece wall art | 1 | 20 | 20 |
| square art deco mirror | 1 | 40 | 40 |
| unlthera | 1 | 7000 | 7000 |
| vein wave | 1 | 1000 | 1000 |
| zimmer cooler | 1 | 300 | 300 |
| cynosure affirm laser | 1 | 1500 | 1500 |
| metal bench | 1 | 75 | 75 |
| lucite bdar stool | 1 | 50 | 50 |
| microwave small oven | 1 | 20 | 20 |
| five rolling chairs | 5 | 50 each | 250 |
| tool box with tools | 1 | 150 | 150 |
| crash cart | 1 | 300 | 300 |
| lighted magnifying procedure lens | 1 | 50 | 50 |
| hyfricator | 1 | 400 | 400 |
| all in one printer scan fax | 1 | 75 | 75 |
| two two drawer file cabinets | 1 | 40 | 40 |
| stainless locking fridge | 1 | 100 | 100 |
| white locking fridge | 1 | 76 | 76 |
| product storage cabinet | 1 | 50 | 50 |
| instruments stacking drawers | 1 | 100 | 100 |

19871

20771

Fill in this information to identify the case:

Debtor name Smooth Medical, P.C.

United States Bankruptcy Court for the: Southern District of New York

Case number (If known): _____

Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
 Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

2.1 Creditor's name

Financial Pacific Leasing

Describe debtor's property that is subject to a lien

Ulthera

Column A

Amount of claim

Do not deduct the value of collateral.

\$ 4,900.00

Column B

Value of collateral that supports this claim

\$ 7,000.00

Creditor's mailing address

PO Box 4568

Federal Way, WA 98063

Creditor's email address, if known

Describe the lien

Agreement you made

Is the creditor an insider or related party?

No
 Yes

Is anyone else liable on this claim?

No
 Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

Contingent
 Unliquidated
 Disputed

2.2 Creditor's name

Internal Revenue Service

Describe debtor's property that is subject to a lien

All Assets

\$ 76,030.35

\$ Unknown

Creditor's mailing address

P.O. Box 7346

Philadelphia, PA 19101-7346

Creditor's email address, if known

All Assets

Date debt was incurred 2017 and 2018

Last 4 digits of account number

Describe the lien

Statutory

Do multiple creditors have an interest in the same property?

Is the creditor an insider or related party?

No
 Yes. Have you already specified the relative priority?
 No. Specify each creditor, including this creditor, and its relative priority.

Is anyone else liable on this claim?

No
 Yes. Fill out *Schedule H: Codebtors* (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

Contingent
 Unliquidated
 Disputed

Yes. The relative priority of creditors is specified on lines _____

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$ 94,103.86

Part 1: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column A
Amount of claim
Do not deduct the value of collateral.

Column B
Value of collateral that supports this claim

2.3 Creditor's name NYS Department of Taxation and Finance

Creditor's mailing address

Bankruptcy/Special Procedures Section
PO Box 5300, Albany, NY 12205-0300

Creditor's email address, if known

Date debt was incurred 2017

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

No
 Yes. Have you already specified the relative priority?
 No. Specify each creditor, including this creditor, and its relative priority.

Describe debtor's property that is subject to a lien

All Assets

\$13,173.51

\$0.00

Describe the lien

Is the creditor an insider or related party?

No
 Yes

Is anyone else liable on this claim?

No
 Yes. Fill out Schedule H: Codebtors (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

Contingent
 Unliquidated
 Disputed

2. Creditor's name

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

No
 Yes. Have you already specified the relative priority?
 No. Specify each creditor, including this creditor, and its relative priority.

Describe debtor's property that is subject to a lien

\$ _____ \$ _____

Describe the lien

Is the creditor an insider or related party?

No
 Yes

Is anyone else liable on this claim?

No
 Yes. Fill out Schedule H: Codebtors (Official Form 206H).

As of the petition filing date, the claim is:

Check all that apply.

Contingent
 Unliquidated
 Disputed

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

| Name and address | On which line in Part 1 did you enter the related creditor? | Last 4 digits of account number for this entity |
|--|---|---|
| NYS Department of Taxation and Finance | Line 2. <u>3</u> | |
| ATTN: Office of Counsel | | |
| Building 9, W A Harriman Campus | | |
| Albany, NY, 12227 | | |
| United States Attorney's Office, SDNY | | |
| Attn: Tax and Bankruptcy Unit | Line 2. <u>2</u> | |
| 86 Chambers Street, Third Floor | | |
| New York, NY, 10007 | | |
| | Line 2. <u> </u> | |

Fill in this information to identify the case:

Debtor Smooth Medical, P.C.
United States Bankruptcy Court for the: Southern District of New York
Case number (If known) _____

Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

No. Go to Part 2.
 Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

| | | Total claim | Priority amount |
|------------|---|---|---------------------|
| 2.1 | Priority creditor's name and mailing address NYC Department of Finance 66 John Street, Room 104 New York, NY, 10038 | As of the petition filing date, the claim is: <u>\$ 21,207.64</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | <u>\$ 21,207.64</u> |
| | Date or dates debt was incurred _____ | Basis for the claim: Taxes & Other Government Units | |
| | Last 4 digits of account number _____ | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8) | | |
| 2.2 | Priority creditor's name and mailing address NYS Department of Taxation and Finance Bankruptcy/Special Procedures Section PO Box 5300 Albany, NY, 12205-0300 | As of the petition filing date, the claim is: <u>\$ 5,603.71</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | <u>\$ 5,603.71</u> |
| | Date or dates debt was incurred 2018 | Basis for the claim: Taxes & Other Government Units | |
| | Last 4 digits of account number _____ | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8) | | |
| 2.3 | Priority creditor's name and mailing address | As of the petition filing date, the claim is: <u>\$ _____</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | <u>\$ _____</u> |
| | Date or dates debt was incurred _____ | Basis for the claim: | |
| | Last 4 digits of account number _____ | Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | |
| | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (_____) | | |

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

| | | Amount of claim |
|------------|---|---|
| 3.1 | Nonpriority creditor's name and mailing address 133 E. 58th Street LLC 110 East 59th Street 34th Floor New York, NY, 10022 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Office Rent Date or dates debt was incurred _____ Last 4 digits of account number <u>7377</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.2 | Nonpriority creditor's name and mailing address Allergan USA, Inc. 12975 Collection Center Drive Chicago, IL, 60693 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors Date or dates debt was incurred <u>2019</u> Last 4 digits of account number <u>2686</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.3 | Nonpriority creditor's name and mailing address Ascentium Capital LLC PO Box 301593 Dallas, TX, 75303 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Monies Loaned / Advanced Date or dates debt was incurred <u>2016</u> Last 4 digits of account number <u>7723</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.4 | Nonpriority creditor's name and mailing address Bausch Health US, LLC 400 Somerset Corporate Blvd. Bridgewater, NJ, 08807 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Suppliers or Vendors Date or dates debt was incurred <u>March 2019</u> Last 4 digits of account number <u>4922</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.5 | Nonpriority creditor's name and mailing address CNA Financial Corporation 151 North Franklin Street Chicago, IL, 60606 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services Date or dates debt was incurred _____ Last 4 digits of account number _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 3.6 | Nonpriority creditor's name and mailing address Daniels SharpSmart Inc. 925 Conroy Pl. Easton, PA, 18040 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services Date or dates debt was incurred <u>2019</u> Last 4 digits of account number <u>8452</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

| | | |
|--|---|--------------|
| 3. ⁷ Nonpriority creditor's name and mailing address EBF Partners LLC dba Everest Business Funding 8200 NW 52nd Ter. 2nd Floor Miami, FL, 33166 | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ 25,915.00 |
| Basis for the claim: Monies Loaned / Advanced | | |
| Date or dates debt was incurred _____ | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| Last 4 digits of account number _____ | | |
| 3. ⁸ Nonpriority creditor's name and mailing address Einstein Industries 6825 Flanders Dr San Diego, CA, 92121 | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ 273.90 |
| Basis for the claim: Services | | |
| Date or dates debt was incurred _____ | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| Last 4 digits of account number _____ | | |
| 3. ⁹ Nonpriority creditor's name and mailing address Evolus, Inc. 520 Newport Center Drive Suite 1200 Newport Beach, CA, 92660 | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ 22,838.40 |
| Basis for the claim: Suppliers or Vendors | | |
| Date or dates debt was incurred <u>2019</u> | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| Last 4 digits of account number <u>8528</u> | | |
| 3. ¹⁰ Nonpriority creditor's name and mailing address First Insurance Funding 450 Skokie Blvd. Ste 1000 Northbrook, IL, 60062 | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ 806.90 |
| Basis for the claim: | | |
| Date or dates debt was incurred <u>2019</u> | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| Last 4 digits of account number <u>7124</u> | | |
| 3. ¹¹ Nonpriority creditor's name and mailing address Henry Schein 135 Duryea Road Melville, NY, 11747 | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ 1,283.06 |
| Basis for the claim: Suppliers or Vendors | | |
| Date or dates debt was incurred _____ | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| Last 4 digits of account number _____ | | |

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

| | | |
|--|---|--------------|
| 3. ¹² Nonpriority creditor's name and mailing address JPMorgan Chase Bank N.A. PO Box 6185 Westerville, OH, 43086 | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ 3,743.17 |
| Basis for the claim: Overdrawn Bank Account | | |
| Date or dates debt was incurred 2019 | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| Last 4 digits of account number 6606 | | |
| 3. ¹³ Nonpriority creditor's name and mailing address McKesson Specialty Care Distribution 401 Mason Road La Vergne, TN, 37086 | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ 3,306.37 |
| Basis for the claim: Suppliers or Vendors | | |
| Date or dates debt was incurred 2019 | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| Last 4 digits of account number 2028 | | |
| 3. ¹⁴ Nonpriority creditor's name and mailing address MERZ North America, Inc. 6501 Six Forks Road Raleigh, NC, 27615 | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ 14,280.00 |
| Basis for the claim: Suppliers or Vendors | | |
| Date or dates debt was incurred | Is the claim subject to offset? | |
| Last 4 digits of account number | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. ¹⁵ Nonpriority creditor's name and mailing address On Deck Capital, Inc. 1400 Broadway 25th Floor New York, NY, 10018 | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ 15,581.00 |
| Basis for the claim: Monies Loaned / Advanced | | |
| Date or dates debt was incurred | Is the claim subject to offset? | |
| Last 4 digits of account number 5834 | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. ¹⁶ Nonpriority creditor's name and mailing address Perkowski & Associates 1011 Highway 71 Spring Lake, NJ, 07762 | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ 10,000.00 |
| Basis for the claim: Services | | |
| Date or dates debt was incurred 2019 | Is the claim subject to offset? | |
| Last 4 digits of account number | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

| | | |
|---|---|---------------|
| 3. ¹⁷ Nonpriority creditor's name and mailing address ProAssurance Companies 100 Brookwood Place Birmingham, AL, 35209 | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ 2,975.00 |
| Basis for the claim: Professional Liability Insurance | | |
| Date or dates debt was incurred Last 4 digits of account number | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. ¹⁸ Nonpriority creditor's name and mailing address Ready Refresh PO Box 856192 Louisville, KY, 40285 | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ 61.57 |
| Basis for the claim: Suppliers or Vendors | | |
| Date or dates debt was incurred Last 4 digits of account number | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. ¹⁹ Nonpriority creditor's name and mailing address Shor Capital 83-32 Parsons Blvd Jamaica, NY, 11432 | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ 189,824.00 |
| Basis for the claim: Monies Loaned / Advanced | | |
| Date or dates debt was incurred Last 4 digits of account number | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. ²⁰ Nonpriority creditor's name and mailing address Spectrum Enterprise 1900 Blue Crest Lane San Antonio, TX, 78247 | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ 789.88 |
| Basis for the claim: Cable / Satellite Services | | |
| Date or dates debt was incurred Last 4 digits of account number | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. ²¹ Nonpriority creditor's name and mailing address Stage 2 Networks 70 West 40th Street 7th Floor New York, NY, 10018 | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ 221.23 |
| Basis for the claim: Telephone / Internet services | | |
| Date or dates debt was incurred Last 4 digits of account number | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

| | | |
|--|---|-------------|
| 3. ²² Nonpriority creditor's name and mailing address Startec Mechanical 1524 E. 96th Street Brooklyn, NY, 11236 | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ 570.19 |
| Basis for the claim: Services | | |
| Date or dates debt was incurred Last 4 digits of account number | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. ²³ Nonpriority creditor's name and mailing address TrueAccord 1601 College Blvd. Suite 130 Lenexa, KS, 66219 | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ 3,550.00 |
| Basis for the claim: Services | | |
| Date or dates debt was incurred Last 4 digits of account number | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. ²⁴ Nonpriority creditor's name and mailing address Verizon 1095 Avenue of the Americas New York, NY, 10036 | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ 292.58 |
| Basis for the claim: Telephone / Internet services | | |
| Date or dates debt was incurred Last 4 digits of account number | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3. Nonpriority creditor's name and mailing address | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ _____ |
| Basis for the claim: | | |
| Date or dates debt was incurred Last 4 digits of account number | Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | |
| 3. Nonpriority creditor's name and mailing address | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$ _____ |
| Basis for the claim: | | |
| Date or dates debt was incurred Last 4 digits of account number | Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | |

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

| | Name and mailing address | On which line in Part 1 or Part 2 is the related creditor (if any) listed? | Last 4 digits of account number, if any |
|-------|---|--|---|
| 4.1. | 133 E. 58th Street LLC c/o Jeremy B. Honig, Esq. Rivkin Radler LLP 477 Madison Avenue New York, NY, 10022 | Line <u>3.1</u> <input type="checkbox"/> Not listed. Explain: _____ | |
| 4.2. | AG Adjustments 740 Walt Whitman Road Melville, NY, 11747 | Line <u>3.14</u> <input type="checkbox"/> Not listed. Explain | <u>6822</u> |
| 4.3. | Allergan USA, Inc. 5 Giralda Farms Madison, NJ, 07940 | Line <u>3.2</u> <input type="checkbox"/> Not listed. Explain | |
| 4.4. | Chase National Legal Processing 451 Florida Street, 3rd Floor Baton Rouge, LA, 70826 | Line <u>3.12</u> <input type="checkbox"/> Not listed. Explain | |
| 4.1. | Everest Business Funding 5 West 37th Street Suite 1100 New York, NY, 10018 | Line <u>3.7</u> <input type="checkbox"/> Not listed. Explain | |
| 4.5. | First Insurance Funding c/o Stuart-Lippman and Associates Inc. 5447 E. 5th Street, #110 Tucson, AZ, 85711 | Line <u>3.10</u> <input type="checkbox"/> Not listed. Explain | <u>8923</u> |
| 4.6. | MERZ North America, Inc. c/o Meyers Saxon & Cole 3620 Quentin Road Brooklyn, NY, 11234 | Line <u>3.14</u> <input type="checkbox"/> Not listed. Explain | |
| 4.7. | Nestle Waters North America, Inc. #216 6661 Dixie Hwy, Suite 4 Louisville, KY, 40258 | Line <u>3.18</u> <input type="checkbox"/> Not listed. Explain | |
| 4.8. | NYS Department of Taxation and Finance ATTN: Office of Counsel Building 9, W A Harriman Campus Albany, NY, 12227 | Line <u>2.2</u> <input type="checkbox"/> Not listed. Explain | |
| 4.9. | | Line _____ <input type="checkbox"/> Not listed. Explain | |
| 4.10. | | Line _____ <input type="checkbox"/> Not listed. Explain | |
| 4.11. | | Line _____ <input type="checkbox"/> Not listed. Explain | |

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**5. Add the amounts of priority and nonpriority unsecured claims.**

5a. Total claims from Part 1

5a. _____ \$ 26,811.35

5b. Total claims from Part 2

5b. + _____ \$ 556,611.46

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

5c. _____ \$ 583,422.81

Fill in this information to identify the case:

Debtor name Smooth Medical, P.C.
United States Bankruptcy Court for the: Southern District of New York
Case number (If known): _____ Chapter 7

Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.
 Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

| | | State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease |
|-----|--|--|
| 2.1 | State what the contract or lease is for and the nature of the debtor's interest Lease for office located at 133 E. 58th Street, Suite 714, New York, NY 10022 1 _____ 6 years | 133 E. 58th Street LLC 110 East 59th Street 34th Floor New York, NY, 10022 |
| 2.2 | State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract | |
| 2.3 | State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract | |
| 2.4 | State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract | |
| 2.5 | State what the contract or lease is for and the nature of the debtor's interest State the term remaining List the contract number of any government contract | |

Fill in this information to identify the case:

Debtor name Smooth Medical, P.C.

United States Bankruptcy Court for the: Southern District of New York

Case number (if known): _____

Check if this is an amended filing

Official Form 206H

Schedule H: Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Does the debtor have any codebtors?

No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
 Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, *Schedules D-G*. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

| | Column 1: Codebtor | Column 2: Creditor | Check all schedules that apply: | |
|-----|---------------------|---|---------------------------------|---|
| | Name | Mailing address | Name | |
| 2.1 | Jack M. Berdy, M.D. | Jack M. Berdy, M.D. 381 Monroe Avenue Wyckoff, NJ 07481 | On Deck Capital, Inc. | <input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G |
| 2.2 | Jack M. Berdy, M.D. | Jack M. Berdy, M.D. 381 Monroe Avenue Wyckoff, NJ 07481 | McKesson Specialty Care | <input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G |
| 2.3 | Jack M. Berdy, M.D. | Jack M. Berdy, M.D. 381 Monroe Avenue Wyckoff, NJ 07481 | MERZ North America, Inc | <input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G |
| 2.4 | Jack M. Berdy, M.D. | Jack M. Berdy, M.D. 381 Monroe Avenue Wyckoff, NJ 07481 | Financial Pacific Leasing | <input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G |
| 2.5 | Jack M. Berdy, M.D. | Jack M. Berdy, M.D. 381 Monroe Avenue Wyckoff, NJ 07481 | EBF Partners LLC dba Ev | <input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G |
| 2.6 | Jack M. Berdy, M.D. | Jack M. Berdy, M.D. 381 Monroe Avenue Wyckoff, NJ 07481 | Shor Capital | <input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G |

Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

| Column 1: Codebtor | | Column 2: Creditor | |
|--------------------------------|---|-------------------------------|---|
| Name | Mailing address | Name | Check all schedules that apply: |
| 2.7 <u>Jack M. Berdy, M.D.</u> | Jack M. Berdy, M.D. 381 Monroe Avenue Wyckoff, NJ 07481 | <u>Allergan USA, Inc.</u> | <input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G |
| 2.8 <u>Jack M. Berdy, M.D.</u> | Jack M. Berdy, M.D. 381 Monroe Avenue Wyckoff, NJ 07481 | <u>133 E. 58th Street LLC</u> | <input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G |
| 2.____ | _____ | _____ | <input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G |
| 2.____ | _____ | _____ | <input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G |
| 2.____ | _____ | _____ | <input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G |
| 2.____ | _____ | _____ | <input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G |
| 2.____ | _____ | _____ | <input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G |
| 2.____ | _____ | _____ | <input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G |

Fill in this information to identify the case:

Debtor name Smooth Medical, P.C.

United States Bankruptcy Court for the: Southern District of New York

Case number (If known): _____

Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/19

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. Gross revenue from business

None

| Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year | | | Sources of revenue Check all that apply | Gross revenue (before deductions and exclusions) |
|---|--|----|--|---|
| From the beginning of the fiscal year to filing date: | From <u>01/01/2020</u> MM / DD / YYYY | to | Filing date | <input type="checkbox"/> Operating a business <input type="checkbox"/> Other \$ <u>0.00</u> |
| For prior year: | From <u>01/01/2019</u> MM / DD / YYYY | to | <u>12/31/2019</u> MM / DD / YYYY | <input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other \$ <u>1,100,000.00</u> |
| For the year before that: | From <u>01/01/2018</u> MM / DD / YYYY | to | <u>12/31/2018</u> MM / DD / YYYY | <input checked="" type="checkbox"/> Operating a business <input type="checkbox"/> Other \$ <u>1,339,093.00</u> |

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

None

| | | | Description of sources of revenue | Gross revenue from each source (before deductions and exclusions) |
|--|--|----|-------------------------------------|--|
| From the beginning of the fiscal year to filing date: | From <u>01/01/2020</u> MM / DD / YYYY | to | Filing date | \$ <u>0.00</u> |
| For prior year: | From <u>01/01/2019</u> MM / DD / YYYY | to | <u>12/31/2019</u> MM / DD / YYYY | \$ <u>0.00</u> |
| For the year before that: | From <u>01/01/2018</u> MM / DD / YYYY | to | <u>12/31/2018</u> MM / DD / YYYY | \$ <u>0.00</u> |

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

None

| Creditor's name and address | Dates | Total amount or value | Reasons for payment or transfer Check all that apply |
|-------------------------------------|-------|-----------------------|---|
| 3.1. _____ Creditor's name _____ | _____ | \$ _____ | <input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____ |
| _____ | _____ | _____ | <input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____ |
| 3.2. _____ Creditor's name _____ | _____ | \$ _____ | <input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____ |
| _____ | _____ | _____ | <input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____ |

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

None

| Insider's name and address | Dates | Total amount or value | Reasons for payment or transfer |
|------------------------------------|-------|-----------------------|---------------------------------|
| 4.1. _____ Insider's name _____ | _____ | \$ _____ | |
| _____ | _____ | _____ | |
| _____ | _____ | _____ | |
| Relationship to debtor | | | |
| _____ | | | |
| 4.2. _____ Insider's name _____ | _____ | \$ _____ | |
| _____ | _____ | _____ | |
| _____ | _____ | _____ | |
| Relationship to debtor | | | |
| _____ | | | |

Debtor Smooth Medical, P.C.
Name _____

Case number (if known) _____

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

None

| Creditor's name and address | Description of the property | Date | Value of property |
|--|---|---------|-------------------|
| 5.1. Ascentium Capital LLC Creditor's name PO Box 301593 Dallas, TX 75303 | Icon Laser System; Clear and Brilliant System | 12/2019 | \$ Unknown |
| 5.2. Creditor's name _____ | _____ | _____ | \$ _____ |

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

None

| Creditor's name and address | Description of the action creditor took | Date action was taken | Amount |
|-----------------------------|---|-----------------------|----------|
| Creditor's name _____ | _____ | _____ | \$ _____ |

Last 4 digits of account number: XXXX- _____

Part 3: Legal Actions or Assignments

7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

None

| Case title | Nature of case | Court or agency's name and address | Status of case |
|-------------------|----------------|------------------------------------|--|
| 7.1. _____ | _____ | _____ | <input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded |
| Case number _____ | _____ | _____ | _____ |

7.2. _____

| Case title | Court or agency's name and address | Status of case |
|-------------------|------------------------------------|--|
| Case number _____ | _____ | <input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded |
| _____ | _____ | _____ |

Debtor Smooth Medical, P.C.
Name _____

Case number (if known) _____

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

None

| Custodian's name and address | Description of the property | Value |
|------------------------------|-----------------------------|----------|
| Custodian's name _____ | _____ | \$ _____ |
| Case title | Court name and address | |
| _____ | Name _____ | |
| Case number | _____ | |
| Date of order or assignment | | |
| _____ | _____ | _____ |

Part 4: Certain Gifts and Charitable Contributions

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

None

| Recipient's name and address | Description of the gifts or contributions | Dates given | Value |
|------------------------------------|---|-------------|----------|
| 9.1. Recipient's name _____ | _____ | _____ | \$ _____ |
| Recipient's relationship to debtor | _____ | | |
| 9.2. Recipient's name _____ | _____ | _____ | \$ _____ |
| Recipient's relationship to debtor | _____ | | |

Part 5: Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

None

| Description of the property lost and how the loss occurred | Amount of payments received for the loss | Date of loss | Value of property lost |
|--|--|--------------|------------------------|
| _____ | If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property). _____ | _____ | \$ _____ |

Part 6: Certain Payments or Transfers

11. Payments related to bankruptcy

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

None

| Who was paid or who received the transfer? | If not money, describe any property transferred | Dates | Total amount or value |
|--|---|----------------|-----------------------|
| 11.1. <u>Law Offices of Moshie Solomon, P.C.</u> | <u>Bankruptcy Fee</u> | <u>12/2019</u> | <u>\$ 5,000.00</u> |

Address

5 Penn Plaza
 23rd Floor
 New York, NY 10001

Email or website address

msolomon@moshiesolomonlaw.com

Who made the payment, if not debtor?

Jack M. Berdy, M.D.

| Who was paid or who received the transfer? | If not money, describe any property transferred | Dates | Total amount or value |
|--|---|-------|-----------------------|
| 11.2. _____ | _____ | _____ | \$ _____ |

Address

Email or website address

Who made the payment, if not debtor?

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

None

| Name of trust or device | Describe any property transferred | Dates transfers were made | Total amount or value |
|-------------------------|-----------------------------------|---------------------------|-----------------------|
| _____ | _____ | _____ | \$ _____ |

Trustee

Debtor Smooth Medical, P.C.
Name

Case number (if known) _____

13. Transfers not already listed on this statement

List any transfers of money or other property—by sale, trade, or any other means—made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

None

| Who received transfer? | Description of property transferred or payments received or debts paid in exchange | Date transfer was made | Total amount or value |
|------------------------|--|------------------------|-----------------------|
|------------------------|--|------------------------|-----------------------|

13.1. _____ \$ _____

Address

Relationship to debtor

Who received transfer?

_____ \$ _____

13.2. _____

Address

Relationship to debtor

Part 7: Previous Locations

14. Previous addresses

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

Does not apply

| Address | Dates of occupancy |
|---------|--------------------|
|---------|--------------------|

14.1. From _____ To _____

14.2. From _____ To _____

Part 8: Health Care Bankruptcies**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

No. Go to Part 9.
 Yes. Fill in the information below.

| Facility name and address | Nature of the business operation, including type of services the debtor provides | If debtor provides meals and housing, number of patients in debtor's care |
|---|--|---|
| 15.1. Smooth Medical, P.C. Facility name 133 E. 58th Street New York, NY 10022 | Medicine (Aesthetics) Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. Storage Facility | How are records kept? Check all that apply: <input checked="" type="checkbox"/> Electronically <input checked="" type="checkbox"/> Paper |
| Facility name and address | Nature of the business operation, including type of services the debtor provides | If debtor provides meals and housing, number of patients in debtor's care |
| 15.2. Facility name | Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. | How are records kept? Check all that apply: <input type="checkbox"/> Electronically <input type="checkbox"/> Paper |

Part 9: Personally Identifiable Information**16. Does the debtor collect and retain personally identifiable information of customers?**

No.

Yes. State the nature of the information collected and retained. Health Care Records

Does the debtor have a privacy policy about that information?

No
 Yes

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

No. Go to Part 10.

Yes. Does the debtor serve as plan administrator?

No. Go to Part 10.
 Yes. Fill in below:

| | |
|--------------|--|
| Name of plan | Employer identification number of the plan |
| _____ | _____ |

EIN: _____

Has the plan been terminated?

No
 Yes

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

None

| Financial institution name and address | Last 4 digits of account number | Type of account | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer |
|--|---------------------------------|--|--|---|
| 18.1. _____ Name _____ | XXXX- _____ | <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____ | _____ | \$ _____ |
| 18.2. _____ Name _____ | XXXX- _____ | <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____ | _____ | \$ _____ |

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

None

| Depository institution name and address | Names of anyone with access to it | Description of the contents | Does debtor still have it? |
|---|-----------------------------------|-----------------------------|--|
| Name _____ | Address _____ | Patient Files | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes |

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

None

| Facility name and address | Names of anyone with access to it | Description of the contents | Does debtor still have it? |
|-------------------------------------|-----------------------------------|-----------------------------|--|
| Iron Mountain Storage Name _____ | Address _____ | Patient Files | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes |

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

 None

| Owner's name and address | Location of the property | Description of the property | Value |
|--------------------------|--------------------------|-----------------------------|----------|
| Name _____ | | | \$ _____ |

Part 12: Details About Environmental Information

For the purpose of Part 12, the following definitions apply:

- *Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).
- *Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.
- *Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. No Yes. Provide details below.

| Case title | Court or agency name and address | Nature of the case | Status of case |
|-------------------|----------------------------------|--------------------|--|
| Case number _____ | Name _____ | | <input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded |

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law? No Yes. Provide details below.

| Site name and address | Governmental unit name and address | Environmental law, if known | Date of notice |
|-----------------------|------------------------------------|-----------------------------|----------------|
| Name _____ | Name _____ | | _____ |

Debtor Smooth Medical, P.C.
Name

Case number (if known) _____

24. Has the debtor notified any governmental unit of any release of hazardous material?

No
 Yes. Provide details below.

| Site name and address | Governmental unit name and address | Environmental law, if known | Date of notice |
|-----------------------|------------------------------------|-----------------------------|----------------|
| Name | Name | | |

Part 13: Details About the Debtor's Business or Connections to Any Business

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

None

| Business name and address | Describe the nature of the business | Employer Identification number Do not include Social Security number or ITIN. |
|---------------------------|-------------------------------------|--|
| 25.1. Name | | EIN: _____ Dates business existed From _____ To _____ |
| 25.2. Name | | EIN: _____ Dates business existed From _____ To _____ |
| 25.3. Name | | EIN: _____ Dates business existed From _____ To _____ |

Debtor Smooth Medical, P.C.
Name

Case number (if known) _____

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

None

| Name and address | Dates of service |
|--|------------------------|
| 26a.1. Jack M. Berdy, M.D. Name 381 Monroe Avenue, Wyckoff, NJ 07481 | From _____ To _____ |

| Name and address | Dates of service |
|----------------------|------------------------|
| 26a.2. _____ Name | From _____ To _____ |

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

None

| Name and address | Dates of service |
|--|----------------------------------|
| 26b.1. Perkowski & Associates, LLC Name 1011 Highway 71, Spring Lake, NJ 07762 | From 01/01/2018 To 01/09/2020 |

| Name and address | Dates of service |
|----------------------|------------------------|
| 26b.2. _____ Name | From _____ To _____ |

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

None

| Name and address | If any books of account and records are unavailable, explain why |
|---|--|
| 26c.1. Jack M. Berdy, M.D. Name 381 Monroe Avenue, Wyckoff NJ 07481 | |

Debtor Smooth Medical, P.C.
Name

Case number (if known) _____

Name and address

If any books of account and records are
unavailable, explain why

26c.2. _____
Name

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

None

Name and address

26d.1. _____
Name

Name and address

26d.2. _____
Name

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

No

Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory

**Date of
inventory**

**The dollar amount and basis (cost, market, or
other basis) of each inventory**

\$ _____

Name and address of the person who has possession of inventory records

27.1. _____
Name

Debtor Smooth Medical, P.C.
Name

Case number (if known) _____

| Name of the person who supervised the taking of the inventory | Date of inventory | The dollar amount and basis (cost, market, or other basis) of each inventory |
|---|-------------------|--|
| _____ | _____ | \$ _____ |

Name and address of the person who has possession of inventory records

27.2.

Name _____

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

| Name | Address | Position and nature of any interest | % of interest, if any |
|---------------------|--------------------------------------|-------------------------------------|-----------------------|
| Jack M. Berdy, M.D. | 381 Monroe Avenue, Wyckoff, NJ 07481 | President | 100% |

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

No

Yes. Identify below.

| Name | Address | Position and nature of any interest | Period during which position or interest was held |
|-------|---------|-------------------------------------|---|
| _____ | _____ | _____ | To _____ |
| _____ | _____ | _____ | To _____ |
| _____ | _____ | _____ | To _____ |
| _____ | _____ | _____ | To _____ |

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

No

Yes. Identify below.

| Name and address of recipient | Amount of money or description and value of property | Dates | Reason for providing the value |
|---|--|-------|--------------------------------|
| 30.1. Jack M. Berdy, M.D. Name 381 Monroe Avenue Wyckoff, NJ 07481 | 60,000.00 | _____ | _____ |
| Relationship to debtor | _____ | _____ | _____ |

Debtor Smooth Medical, P.C.
Name

Case number (if known)

Name and address of recipient

12,400.00

30.2 Alice C. Berdy
Name
381 Monroe Avenue
Wyckoff, NJ 07481

Relationship to debtor

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

No
 Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

EIN: _____

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

No
 Yes. Identify below.

Name of the pension fund

Employer Identification number of the pension fund

EIN: _____

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both.
18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 01/14/2020
MM / DD / YYYY

/s/ Jack M. Berdy, M.D.

Printed name Jack M. Berdy, M.D.

Signature of individual signing on behalf of the debtor

Position or relationship to debtor President

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

No
 Yes

Continuation Sheet for Official Form 207**30) Payments, distributions, or withdrawals credited or given to insiders****Name and Address:****Sherry Berdy****242 Franklin Turnpike
Apt. A
Mahwah, NJ 07430****Amount of money or description: \$68,145.56****Dates: - , - , -****Reason:****---**

Fill in this information to identify the case and this filing:

Debtor Name Smooth Medical, P.C.

United States Bankruptcy Court for the: Southern District of New York

Case number (If known): _____

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

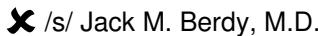
I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- Schedule A/B: Assets–Real and Personal Property (Official Form 206A/B)*
- Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)*
- Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)*
- Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G)*
- Schedule H: Codebtors (Official Form 206H)*
- Summary of Assets and Liabilities for Non-Individuals (Official Form 206Sum)*
- Amended Schedule* _____
- Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)*
- Other document that requires a declaration* _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 01/14/2020
MM / DD / YYYY

 /s/ Jack M. Berdy, M.D.

Signature of individual signing on behalf of debtor

Jack M. Berdy, M.D.

Printed name

President

Position or relationship to debtor

United States Bankruptcy Court
Southern District of New York

In re: Smooth Medical, P.C.

Case No.

Debtor(s)

Chapter 7

Verification of Creditor Matrix

The above-named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of their knowledge.

Date: 01/14/2020

/s/ Jack M. Berdy, M.D.

Signature of Individual signing on behalf of debtor

President

Position or relationship to debtor

133 E. 58th Street LLC c/o Jeremy B. Honig,
Rivkin Radler LLP
477 Madison Avenue
New York, NY 10022

Everest Business Funding
5 West 37th Street
Suite 1100
New York, NY 10018

133 E. 58th Street LLC
110 East 59th Street
34th Floor
New York, NY 10022

Evolus, Inc.
520 Newport Center Drive
Suite 1200
Newport Beach, CA 92660

AG Adjustments
740 Walt Whitman Road
Melville, NY 11747

Financial Pacific Leasing
PO Box 4568
Federal Way, WA 98063

Allergan USA, Inc.
12975 Collection Center Drive
Chicago, IL 60693

First Insurance Funding
450 Skokie Blvd.
Ste 1000
Northbrook, IL 60062

Allergan USA, Inc.
5 Giralda Farms
Madison, NJ 07940

First Insurance Funding
c/o Stuart-Lippman and Associates Inc.
5447 E. 5th Street, #110
Tucson, AZ 85711

Ascentium Capital LLC
PO Box 301593
Dallas, TX 75303

Henry Schein
135 Duryea Road
Melville, NY 11747

Bausch Health US, LLC
400 Somerset Corporate Blvd.
Bridgewater, NJ 08807

Internal Revenue Service
P.O. Box 7346
Philadelphia, PA 19101-7346

Chase
National Legal Processing
451 Florida Street, 3rd Floor
Baton Rouge, LA 70826

Jack M. Berdy, M.D.
381 Monroe Avenue
Wyckoff, NJ 07481

CNA Financial Corporation
151 North Franklin Street
Chicago, IL 60606

JPMorgan Chase Bank N.A.
PO Box 6185
Westerville, OH 43086

Daniels SharpSmart Inc.
925 Conroy Pl.
Easton, PA 18040

McKesson Specialty Care Distribution
401 Mason Road
La Vergne, TN 37086

EBF Partners LLC dba Everest Business Funding
8200 NW 52nd Ter.
2nd Floor
Miami, FL 33166

MERZ North America, Inc.
6501 Six Forks Road
Raleigh, NC 27615

Einstein Industries
6825 Flanders Dr
San Diego, CA 92121

MERZ North America, Inc.
c/o Meyers Saxon & Cole
3620 Quentin Road
Brooklyn, NY 11234

Stage 2 Networks
70 West 40th Street
7th Floor
New York, NY 10018

Nestle Waters North America, Inc.
6661 Dixie Hwy, Suite 4
Louisville, KY 40258

Startec Mechanical
1524 E. 96th Street
Brooklyn, NY 11236

NYC Department of Finance
66 John Street, Room 104
New York, NY 10038

TrueAccord
1601 College Blvd.
Suite 130
Lenexa, KS 66219

NYS Department of Taxation and Finance
Bankruptcy/Special Procedures Section
PO Box 5300
Albany, NY 12205-0300

United States Attorney's Office, SDNY
Attn: Tax and Bankruptcy Unit
86 Chambers Street, Third Floor
New York, NY 10007

NYS Department of Taxation and Finance
ATTN: Office of Counsel
Building 9, W A Harriman Campus
Albany, NY 12227

Verizon
1095 Avenue of the Americas
New York, NY 10036

On Deck Capital, Inc.
1400 Broadway
25th Floor
New York, NY 10018

Perkowski & Associates
1011 Highway 71
Spring Lake, NJ 07762

ProAssurance Companies
100 Brookwood Place
Birmingham, AL 35209

Ready Refresh
PO Box 856192
Louisville, KY 40285

Shor Capital
83-32 Parsons Blvd
Jamaica, NY 11432

Spectrum Enterprise
1900 Blue Crest Lane
San Antonio, TX 78247

United States Bankruptcy Court

Southern District of New York

In re Smooth Medical, P.C.

Case No. _____

Debtor

Chapter ⁷ _____

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

FLAT FEE

| | |
|--|-------------|
| For legal services, I have agreed to accept | \$ 5,000.00 |
| Prior to the filing of this statement I have received..... | \$ 5,000.00 |
| Balance Due..... | \$ 0.00 |

RETAINER

| | |
|--|----------|
| For legal services, I have agreed to accept a retainer of | \$ _____ |
| The undersigned shall bill against the retainer at an hourly rate of | \$ _____ |
| [Or attach firm hourly rate schedule.] Debtor(s) have agreed to pay all Court approved fees and expenses exceeding the amount of the retainer. | |

2. The source of the compensation paid to me was:

| | |
|---------------------------------|--|
| <input type="checkbox"/> Debtor | <input checked="" type="checkbox"/> Other (specify) <u>Jack M. Berdy, M.D.</u> |
|---------------------------------|--|

3. The source of compensation to be paid to me is:

| | |
|--|--|
| <input checked="" type="checkbox"/> Debtor | <input type="checkbox"/> Other (specify) |
|--|--|

4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the Agreement, together with a list of the names of the people sharing the compensation is attached.

5. In return of the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

d. [Other provisions as needed]

- a. Consultation and analysis throughout the representation;
- b. Preparation and filing of the Chapter 7 Petition; and
- c. Attendance at the first meeting of creditors under Bankruptcy Code § 341(a).

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

Representation of the debtor(s) in any relief from stay actions or any adversary proceeding, and any matters not explicitly stated above.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

01/14/2020

/s/ Moshie Solomon, 018422001

Date

Signature of Attorney

Law Offices of Moshie Solomon, P.C.

Name of law firm
5 Penn Plaza
23rd Floor
New York, NY 10001
(212) 594-7070
msolomon@moshiesolomonlaw.com